## POSTED

## LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

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STATE OF IDAHO

		(Type or print of See instructions												
Lobbyist's name and permanent business address								Date prepared			1	Period covered		
Anthony J. Poinelli												month ending		
700 West Washington							8/31/06					(Mo.)	(Day)	(Yr.)
Boise, Idaho 83702												8	31	06
Item 1	Totals	of all reportat	ole exp	enditures made or	incı	irred by Lobb	yist c	or by	y Lobbyist's Emplo	yer on	behalf of	Lobby	yist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity				* Total Amount for		Proportionate amount Item 3, at bottom of			unts contributed by each employer (Identify employers, under of page.)					
Do Not Have to be Reported			All Employers		Employer No. 1			1 Employer No. 2		Employer No. 3		. 3	Employer No. 4	
	Entertainment Food and Refreshment			0.00	\$.	0.	00	\$	0.00	\$		_	\$	
Living	Living Accommodations			0.00	_	0.	00	_	0.00			_		
Advertising				0.00	_	0	.00	_	0.00					
Travel			_	0.00	_	0.	00	_	0.00					
Teleph	one		_	0.00	_	0	.00	_	0.00	_				
Other	Expenses or	Services	_	0.00	.		.00_	_	0.00					
Total			\$_	0.00	\$0.		.00	\$	0.00	\$	0.	00	\$	0.00
*	When the num	ber of employers	i s you a	re reporting for requ	 ires n	nultiple L-3 for	ms to	 befi	led a total amount for	all emp	loyers sho	uld be (	entered on Pa	ige 1.
Item 2	The totals	of each expend	liture o	of more than fifty	dolla	rs (\$50) for a	legis	ato	r or other holder of	public	office.			
2 Date				Place Ar					Names of	Legisla	itors & Pu	blic Off	ficials in Gro	шр
	Continued on	attached page(s)					Ite		·					
	INSTRUCTIONS								Em	nployer(s) Name(s) and Address(es)				
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.							No.1 Idaho Association of Counties P.O. Box 1623, Boise, Idaho 83701							
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.							No.2 Idaho Public Health Districts c/o Carol Moehrle 215 10th Street, Lewiston, Idaho 83501							
TO BE FILED WITH:  Ben Ysursa							No.3							
Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282														

			lator, or for or on behalf of		er in the nature of contributions gislator.	or mon	of ones multiple of mangio				
I	Date	Amount		Name of Legislator Receiving or Benefited							
			ion, the number of the Senate		LEGISLATIVE SUE	ыест	IDENTIFICATION				
		as supporting or o		Code	Subject	Code	Subject				
Subject Code (from table)  11	Bill, Re	solution or Other ive Ident, Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, special districts Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)				

And Ordinary

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.